

CHAPTER 20  
ILLUSTRATED FORMS

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Note: These Forms are contained in the Lotus 123 file, SDForms.wk4.

## CLAIM

On Account of Appropriation for \_\_\_\_\_

To \_\_\_\_\_ Dr.

Address \_\_\_\_\_

A CLAIM, TO BE PROPERLY ITEMIZED, MUST SHOW, KIND OF SERVICE, WHERE PERFORMED, DATES SERVICE RENDERED, BY WHOM, RATE PER DAY, NUMBER OF HOURS, RATE PER HOUR, PRICE PER FOOT, PER YARD, PER HUNDRED, PER POUND, PER TON, ETC.

19__	ORDER NO.	ITEMIZED CLAIM	DOLLARS	CTS.
		SAMPLE		

Pursuant to the provisions and penalties of Chapter 155, Acts of 1953.

I hereby certify that the foregoing is just and correct, that the amount claimed is legally due, after allowing all just credits and that no part of the same has been paid.

\_\_\_\_\_  
(SIGNATURE OF CLAIMANT)

Date \_\_\_\_\_ 19\_\_

TITLE

CLAIM NO. \_\_\_\_\_ WARRANT NO. \_\_\_\_\_

IN FAVOR OF

\$ \_\_\_\_\_

ON ACCOUNT OF APPROPRIATION

FOR \_\_\_\_\_

ALLOWED \_\_\_\_\_ 19\_\_

IN THE SUM OF \$ \_\_\_\_\_

SAMPLE

I have examined the within claim and hereby  
certify as follows:

That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon { Contract  
Statutory Authority

That it is apparently { correct  
incorrect

Signature

Title

Date

19\_\_

I certify that the within bill is true and correct; that the supplies  
and materials therein itemized and for which charge was made were  
ordered by me and were necessary to the public business; that each  
and every item has been delivered to me and was in accordance with  
contract, except :

## ACCOUNTS PAYABLE VOUCHER

TOWN OF \_\_\_\_\_, INDIANA

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Payee		Purchase Order No.  Terms  Date Due	
-------	--	---	--

Invoice Date	Invoice Number	Description (or note attached invoice(s) or bill(s))	Amount

SAMPLE

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except \_\_\_\_\_

\_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

\_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
 Clerk-Treasurer

IN THE SUM OF \$\_\_\_\_\_

ON ACCOUNT OF APPROPRIATION  
FOR

### Council Members

[illegible]



PAYROLL SCHEDULE AND VOUCHER

(Office, Board, Department or Institution)

NOTE: Total hours or days to be paid shall equal the days or hours worked plus authorized leave to which an employee might be entitled by law and under the leave policies established by the governing body. The "Days Lost" column will apply only to salaried employees (not hourly) not entitled to pay for such days.

For Period Beginning \_\_\_\_\_, 19\_\_ and Ending \_\_\_\_\_, 19\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Pages  
\_\_\_\_\_ Fund

		Approp No. or Class Title	C o d e	Noncash Benefits	DAYS OR HOURS IN PERIOD						Total Days or Hours To Be Paid	Rate of Pay	Gross Pay	Total	DEDUCTIONS										Amount of Warrant (Gross Pay) Less Deductions)	Warrant Number			
					Worked	Sick Leave	Vacation Leave	Lost Days	C o d e	Other Leave Days Hours					Fed. W/H Tax	Social Security Tax	Medicare Tax	State W/H Tax	County W/H Tax	C o d e	Insurance Amount	C o d e	Retirement Amount						
1.																													
2.																													
3.																													
4.																													
5.																													
6.																													
7.																													
8.																													
9.																													
10.																													
11.																													
12.																													
13.																													
14.																													
15.																													
16.																													
Totals																													

CODES FOR OTHER LEAVE, INSURANCE AND RETIREMENT

REGULAR TIME AND OVERTIME

A "Code" column has been provided to describe other leave and insurance and retirement plans. Use appropriate letters or numbers to distinguish each kind or type.

Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

**STATE OF INDIANA,**

Name \_\_\_\_\_

**Basic Pay**

**(Signature)**

**(Official Title)**

**That it is duly authenticated as required by law.**

**statutory authority.**

1201103

**Disbursing Officer**

CLAIM NO. \_\_\_\_\_

**(Inclusive)**

**PAYROLL OF**

(Office, Board, Department or Institution)

(Fund)

**Total Gross Pay**

**DEDUCTIONS**

**Federal W/H Tax**                      \$ \_\_\_\_\_

**Social Security Tax**                      \_\_\_\_\_

**Medicare Tax**                      \_\_\_\_\_

**State W/H Tax**                      \_\_\_\_\_

**CAGIT**                      \_\_\_\_\_

**Insurance**                      \_\_\_\_\_

**Retirement**                      \_\_\_\_\_

<b>Net Amount of Warrants</b>	<b>\$</b>
-------------------------------	-----------

Allowed \_\_\_\_\_ 19\_\_

In the Sum of \$ \_\_\_\_\_

**(Board of Commission)**

### DISTRIBUTION OF EXPENSE

[illegible]

Official Title

See next page for reverse side of this form.

Prescribed by State Board of Accounts

City or Town Form No. 206 (Rev. 1975)  
General Form No. 360 (Rev. 1975)

## CLERK-TREASURER'S, CITY CONTROLLER'S AND CITY TREASURER'S MONTHLY FINANCIAL STATEMENT

City or Town of \_\_\_\_\_

Month of \_\_\_\_\_ 19\_\_\_\_

[illegible]

20-12

City or Town Form No. 206 (Rev. 1975)  
General Form No. 360 (Rev. 1975)

Month of \_\_\_\_\_ 19\_\_\_\_

	NAMES OF DEPOSITORIES AND DEPOSITORY ACCOUNTS	DEPOSITORY BALANCE END OF MONTH 9	OUTSTANDING WARRANTS 10	NET DEPOSITORY BALANCE 11	
	TOTALS				
	INVESTMENTS MADE FROM DEPOSITORY BALANCES				
	ADD: Cash in Office				
	ADJUSTMENTS (explain fully)				
	TOTAL CASH BALANCE, Plus Depository Balances Invested				
	INVESTMENTS FROM FUND LEDGER FUNDS (As Shown in Register of Investments)			Investments on Hand	
	Total of Investments - All Funds (As Shown in Col. 7, opposite page)			End of Month	
	TOTAL CASH BALANCE AND INVESTMENTS				

See next page for reverse side of this form.

Prescribed by State Board of Accounts

City or Town Form No. 212 (Rev. 1975)

General Form No. 361 (Rev. 1975)

## TREASURERS DAILY BALANCE OF CASH,

		Balance From The Previous Day 1	Receipts For The Day 2	Investments Purchased For The Day 3	Disbursements For The Day 4	Investments Cashed For The Day 5	Balance Close of Day 6
1	Ledger Balance - Cash Funds						
2	Investments From Ledger Funds						
3	Totals						
		Depository Balances Previous Day 1	Deposits During Day		Warrants Issued During Day		Depository Balances Close of Day 6
	NAMES OF DEPOSITORIES		Ledger Funds 2	Investments From Depos- itory Balances Cashed-Cost 3	Ledger Funds 4	Investments From Depos- itory Balances Purchased-Cost 5	
4A							
4B							
4C							
4D							
4E							
4F							
4G							
4H							
4I							
4J							
5	Total Depository Balances						
		Investment Balances Previous Day 1		Investments Purchased- Cost 3		Investments Cashed-Cost 5	Investment Balances Close of Day 6
	INVESTMENTS - (Listed by Funds as Shown in Investment Register)						
6A							
6B							
6C							
6D							
6E							
6F							
6G							
6H							
6I							
6J							
7	Depository Balances Invested						
8	Total Investments						
9	Totals - Depositories and Investments						

See preceding page for reverse side of this form.

City or Town Form No. 212 (Rev. 1975)  
General Form No. 361 (Rev. 1975)

## DEPOSITORIES AND INVESTMENTS

DATE \_\_\_\_\_ 19\_\_

	Column 1	Column 2	
Cash on Hand Beginning of Day (Line 11, preceding page)			1
Add Receipts for the Day (Line 1, Col. 2, opposite page)			2
Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page)			3
Totals			4
Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page)			5
Net Cash on Hand for which Accountable			6
Cash on Hand Close of Day (Per Cash Count):			7
Currency			8
Coins			9
Checks and Money Orders			10
Total Cash on Hand Close of Day			11
Deduct Advances for Cash Change Fund (If not included in Ledger Balances)			12
Net Cash on Hand (After Deducting Advances)			13
Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page)			14
Total Cash on Hand an in Depository			15
Add Cash Under			16
Deduct Cash Over			17
Total			18
Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page)			19
Proof (Must equal Record Balance Close of Day, Line 3, Col. 6)			20
			21
INSTRUCTIONS:			22
(1) Lines 1, 2 and 3 reflect the transactions each day for the ledgers for all cash funds and all investments made from the Ledger Funds.			23
(2) Lines 4A through 4J will be used for the various depositories and will reflect the transactions each day for each depository affected.			24
(3) Lines 6A through 6a will reflect the transactions each day of investments for each fund affected.			25
(4) Line 7 will reflect the transactions each day of the investment made from the total of all monies on deposit, except for investments made from fund balances under (3) above.			26
(5) Line 8 will reflect the Transactions of Investments by Funds and from the depository balances in total.			27
(6) Line 9 reflects the transactions in Totals-Depositories and Investments.			28
(7) Line 2, Col. 3, reflects Investments Purchased in amount of \$1000 from Ledger Balance-Cash Funds as a portion of the Disbursements for the day as shown on Line 1, Col. 4, and line 4A, Col. 4. On the same day investments are purchased from a fund it shall reflect Investment Purchased-Cost, Line 6A, Col. 3 (See Sample).			29
(8) When any investments re cashed belonging to a certain fund (example shown Water Bond and Interest Fund) the amount of \$4000 shall be shown on line 2, Col. 5, and Line 6B, Col. 5. The \$4000 is included in the \$30000 receipts for the day.			31
(9) Under the Names of Depositories section, Line 4, for each depository affected, Cols. 3 and 5, will be used only when investments are purchased or cashed from the total of all funds deposited in a depository account. The totals shown on Line 5, Col. 3, shall appear on Line 7, Col. 5, and the total shown on Line 5, Col. 5, shall appear on Line 7, Col. 3.			32
			33
			34



(Unit) \_\_\_\_\_

## EMPLOYEE'S SERVICE RECORD

YEAR \_\_\_\_\_

REMARKS Workweek Begins: Hour of Day _____ ; Day of Week _____														NAME AS ON SOCIAL SECURITY CARD (Mr., Mrs., Miss)														EMPLOYEE NUMBER																											
Basis of Pay: (Hr., Day, Week, Bi-Weekly, Month)														ADDRESS														ZIP CODE																											
Date of Birth:														SOC. SEC. NO.														CLASSIFICATION																											
Normal Work Schedule *														OFFICE, BOARD OR DEPT.														BEGIN. DATE EMPL.														LEAVE ACCRUAL DATE													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	REGULAR VACATION LEAVE			SICK LEAVE			OTHER LEAVE																	
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	EARNED	TAKEN	BALANCE	EARNED	TAKEN	BALANCE	TAKEN	EXPLANATION																															
BALANCE BROUGHT FORWARD FROM LAST YEAR -----																																																							
JAN.																																																							
FEB.																																																							
MAR.																																																							
APR.																																																							
MAY																																																							
JUNE																																																							
JULY																																																							
AUG.																																																							
SEPT.																																																							
OCT.																																																							
NOV.																																																							
DEC.																																																							

V - VACATION LEAVE    S - SICK LEAVE    L - LOST TIME    OL - OTHER AUTHORIZED LEAVE    SHOW VACATION, SICK LEAVE AND OTHER ABSENCES IN DAYS AND HALF DAYS.

\* EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

TO \_\_\_\_\_ DR.

(GOVERNMENTAL UNIT)

ON ACCOUNT OF APPROPRIATION NO. \_\_\_\_\_ FOR \_\_\_\_\_

(OFFICE, BOARD, DEPARTMENT OR INSTITUTION)

[illegible]

Pursuant to the provisions and penalties of Chapter 155, Acts 1953, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits and that no part of the same has been paid.

Date \_\_\_\_\_

Voucher No. \_\_\_\_\_ Warrant No. \_\_\_\_\_

IN FAVOR OF

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_

On Account of Appropriation No. \_\_\_\_\_ for

\_\_\_\_\_  
\_\_\_\_\_

Allowed \_\_\_\_\_, 19\_\_

in the sum of \$ \_\_\_\_\_

SAMPLE

(Board or Commission)

FILED

(Official Title)

I have examined the within claim and hereby certify as follows:  
That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon statutory authority

That it is apparently { correct  
incorrect

Disbursing Officer

I certify that the within bill is true and correct; that the mileage therein itemized and for which charge is made was ordered by me and was necessary to the public business; and that the rate per mile is in accordance with statutes or governing ordinances, except

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, 19\_\_

## Name of Unit \_\_\_\_\_

Fund

[illegible]

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

GENERAL FORM NO. 352 (REV. 1997)

# RECEIPT

Name of UNIT, AGENCY, BOARD OR DEPARTMENT

NO.

FUND

Payment Type and Amount

, IN 19

Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM

\$

THE SUM OF

DOLLARS

ON ACCOUNT OF

100

AUTHORIZED SIGNATURE

# EMPLOYEE'S EARNINGS RECORD

UNIT \_\_\_\_\_ BASIS OF PAY (PER MONTH, WEEK, HOUR) \_\_\_\_\_ MR., MRS., MISS \_\_\_\_\_  
 OFFICE, BOARD OR DEPARTMENT \_\_\_\_\_ OTHER COMPENSATION TYPE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 (SEE OTHER SIDE FOR INSTRUCTIONS) AMOUNT \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 EXEMPTION STATUS FEDERAL \_\_\_\_\_ STATE \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS

General Payroll Form 99B (Rev. 1985)

	DATE OF WARRANT	PAYROLL PERIOD ENDING	C o d e	NONCASH BENEFITS	GROSS PAY	TOTAL	DEDUCTIONS										AMOUNT OF WARRANT	WARRANT NUMBER
							FEDERAL WITH. TAX	SOCIAL SECURITY	STATE WITH. TAX	INSURANCE	RETIREMENT							
	FORWARD																	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
	TOTAL 1ST QUARTER																	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
	TOTAL 2ND QUARTER																	
	TOTAL TO DATE																	

SAMPLE

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

NOTES: (1) Use both sides of form if needed. Signatures of governing board should appear only on the final page of each meeting in which accounts payable vouchers are allowed. (2) The Memorandum column is for entering action on accounts payable vouchers if disallowed in whole or in part, if continued to a later meeting of governing board, or for other pertinent information.

Prescribed by State Board or Accounts

General Form No. 364 (1997)

[illegible]

\_\_\_\_\_, 19\_\_\_\_

## ALLOWANCE OF VOUCHERS

Date this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.


SIGNATURES OF GOVERNING BOARD

DATE \_\_\_\_\_  
 RECEIPT No. \_\_\_\_\_  
 METER No. \_\_\_\_\_  
 ACCOUNT No. \_\_\_\_\_

THIS RECEIPT MUST BE RETURNED WHEN YOU PAY.

PRESCRIBED BY STATE BOARD OF ACCOUNTS FORM NO. 311 (REV. 1975)

DATE	READING	GAL. OR CU. FT.	AMOUNT
	PRESENT		WATER CHARGE
	PREVIOUS		
	CONSUMED		

  

Received Payment _____	SEWAGE DISPOSAL CHARGE	
By _____	ARREARS SEWAGE	
	SALES TAX	
	ARREARS WATER	
	DISC. OR COLLECTION CHARGE	
	TOTAL	

DUE 30TH OF MONTH IN  
 WHICH BILL IS RECEIVED.

WATER UTILITY  
 10% OF THE FIRST \$3.00 AND  
 3% OF THE BALANCE OF BILL  
 WILL BE ADDED IF NOT PAID  
 WHEN DUE.

SEWAGE PENALTY 10% OF BILL

NAME  
 ADDRESS

SAMPLE

MUNICIPAL WATER & SEWAGE UTILITIES CHURUBUSCO, INDIANA

Note: The sewage disposal charge is not subject  
 to sales tax.

## ACCOUNTS RECEIVABLE CONTROL

When utility records are kept on a cash or single-entry basis, a separate control account should be carried on General Ledger Sheet, General Form No. 315, in the front of the Consumer's Ledger. This account will be debited with the total monthly billing to all customers for utility services including penalties and sales tax. This account will be credited with the total accounts receivable collections, penalties and sales tax shown by the Register of Daily Cash Receipts - Consumers.

Under normal conditions the individual active accounts of customers should at all times show debit balances and at the end of each month the individual active accounts should be added and the total so obtained checks against the balance of the control account. If any adjustments are necessary to be made either to the control or to the individual active accounts, proper explanation should be recorded in the records.

When any adjustment is made to a customer's account in order to correct an error in a previous charge or credit, a like entry should be made to the control account; debiting the control to increase the charge and crediting the control to decrease the charge in order to keep the total of the individual active accounts in agreement with the control.

After all efforts have been exhausted to effect collection of delinquent accounts, and after service has been discontinued and meter deposits applied, a list of uncollectible accounts should be submitted to the board for approval before being written off and transferred to an uncollectible accounts file. After approval has been made a matter of record the total of these accounts, including the sales tax thereon, will be credited to the control account.

The foregoing procedure for handling uncollectible accounts is not applicable to delinquent sewage accounts. The procedure for collecting delinquent sewage accounts will be found on Pages 51-88 to 51-91.

When utility records are kept on an accrual or double-entry basis the Accounts Receivable account in the General Ledger serves as a control of all individual accounts in the Consumer's Ledger and the foregoing procedure would not be applicable.

See next page for illustrated form. For disk version of manual, see Lotus 123 file, SDForms.wk4.

## REGISTER OF DAILY CASH RECEIPTS - CONSUMERS

CLASS A-B-C-D

Water-Municipal Sewage Utility \_\_\_\_\_

DEPARTMENT

MONTH OF \_\_\_\_\_, 19\_\_\_\_

PAGE\_\_\_\_\_

UTILITY FORM NO. 313A (1981)

[illegible]

## GUARANTEE DEPOSIT REGISTER

PAGE \_\_\_\_\_

Prescribed by State Board of Accounts Form 314

[illegible]

Prescribed by State Board of Accounts
---------------------------------------

Form No. 310

SUBJECT TO ALL RULES  
AND REGULATIONS NOW  
IN EFFECT OR HERE-  
AFTER ADOPTED

## CONSUMER'S GUARANTEE DEPOSIT

WITH

No. \_\_\_\_\_

\_MUNICIPAL WATER UTILITY

OSGOOD, INDIANA

DATE \_\_\_\_\_

RECEIVED OF \_\_\_\_\_ \$\_\_\_\_\_

DOLLARS

TO BE HELD IN TRUST as a guarantee Deposit for payment of Water service. To be refunded on discontinuance of service if and when all bills are paid.

**KEEP THIS RECEIPT**

MUNICIPAL WATER UTILITY

ADDRESS \_\_\_\_\_ BY \_\_\_\_\_

COLLECTOR

**Note:** The original receipt is issued to the consumer and the duplicate is retained in a bound book and serves as a medium of posting to the "Guarantee Deposit Register."



## ACCOUNTS RECEIVABLE CONTROL

SAMPLE

\$ 1 1 2 2 .00

LEFT HAND SIDE OF FORM

WATER UTILITY SIMPLIFIED CASH JOURNAL

FOR CLASS D UTILITIES				FUNDS												RECEIPTS										
DATE 19	NAME	EXPLANATION	WARRANT NO. OR RECEIPT FOLIO	CASH OPERATING FUND			BOND & INTEREST (SINKING) FUND			DEPRECIATION FUND			Meter Deposit		FUND			CASH OPERATING RECEIPTS				TRANSFER RECEIPTS		OTHER RECEIPTS		
				RECEIPTS	DISBURSE- MENTS	BALANCE	RECEIPTS	DISBURSE- MENTS	BALANCE	RECEIPTS	DISBURSE- MENTS	BALANCE	RECEIPTS	DISBURSE- MENTS	BALANCE	UNMETERED SALES TO CUSTOMERS	METERED SALES TO CUSTOMERS	FORFEITS DISCOUNTS (PENALTIES)	OTHER OPERATING RECEIPTS	TO BOND & INTEREST (SINKING) FUND	TO DEPRECIA- TION FUND	NON- OPERATING RECEIPTS	CUSTOMER DEPOSITS			
1																									1	
2																									2	
3																									3	
4																									4	
5																									5	
6																									6	
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34																									34	
35																									35	
36																									36	

## CASH OPERATING FUND DISBURSEMENTS

OTHER DISBURSEMENTS

[illegible]

GENERAL FIXED ASSET ACCOUNT GROUP

General Form No. 369 (1995)

FUND \_\_\_\_\_  
DEPARTMENT OR BUILDING \_\_\_\_\_

	Date of Purchase	Description of Asset	Serial Number	Location of Asset	Original Cost of Asset	Estimated Life of Asset	Date of Disposal of Fixed Asset	Amount Received on Disposal or Trade in	Types of General Fixed Assets					Total Fixed Assets
									Land	Buildings	Improvements Other Than Buildings	Machinery and Equipment	Construction in Progress	
1														
2														
3														
4														
5														
6														
7														
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29														
30														

SAMPLE

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